

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | RH | | 3/21 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 4-12-01 |
| FORMALITY REVIEW | B | IC 873 | 05-30-01 |
| RESPONSE FORMALITY REVIEW | CH | 875 | 9/19/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

4/1
 07/24/01
 06/01
 04/01